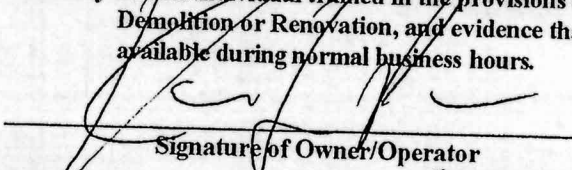
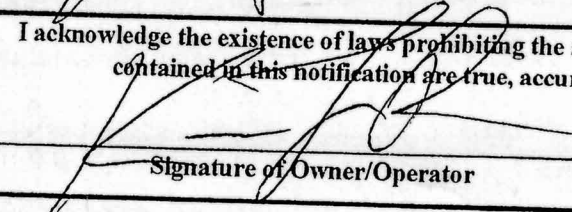


NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O=Original R=Revised C=Canceled) D					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Nicholas Cutia					
Address: 1325 Millerport Highway Suite 2A					
City: Williamport	State: NY	Zip: 14621			
Contact:		Tel:			
REMOVAL CONTRACTOR: Rock Environmental					
Address: 720 Lexington Ave					
City: Rochester NY	State: NY	Zip: 14613			
Contact: Kevin Perri		Tel: 585 340 6779			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R					
IV. IS ASBESTOS PRESENT? (Yes/No) (No)					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Brighton Business Center					
Address: 2611 West Henrietta					
City: Rochester	State: NY	County: Monroe			
Site Location:					
Building Size: 163,000	# of Floors: 4	Age in Years: 54			
Present Use: Commercial	Prior Use: Commercial				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
Survey done by Envoy environmental consultants					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area			10,000	Sq Ft: 10,000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/25/16				Complete: 5/30/16	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: <i>All method will be done under OSHA, EPA, NYS OOL guidelines.</i>		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: <i>All work being done will be in Regulation of NYS OOL and EPA Guidelines. Mobilize to site, set up restricted work areas. Then set up decontamination systems and negative air units, once establish negative pressure</i>		
XII.	Waste Transporter #1 Removal will begin. Final visual and air sampling will be done to		
	Name:	<i>Waste management</i>	
	Address:	<i>166 Mt Road</i>	
	City:	<i>Rahester</i>	State: <i>NY</i> Zip Code: <i>14606</i>
	Contact:	Telephone: <i>(585) 647 5233</i>	
	Waste Transporter #2		
	Name:	<i>Silverole Trucking</i>	
	Address:	<i>85 Silverole DR</i>	
	City:	<i>Rahester</i>	State: <i>NY</i> Zip Code: <i>14603</i>
	Contact:	Telephone: <i>(585) 272 0741</i>	
XIII.	Waste Disposal		
	Name:	<i>MILL SEAT Landfill</i>	
	Address:	<i>303 Brew Rd</i>	
	City:	<i>Bergen</i>	State: <i>NY</i> Zip Code: <i>14616</i>
	Contact:	Telephone: <i>()</i>	
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) <ol style="list-style-type: none"> 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____ 		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) <ol style="list-style-type: none"> 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. 		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. <i>Stop work immediately, Notify NYS OOL and EPA, Restrict the area from people, set up isolation and critical barrier.</i>		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.		
	 Signature of Owner/Operator	<i>4/15/16</i> Date	<i>Kevin Perri / President</i> Type or Print Name and Title
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.		
	 Signature of Owner/Operator	<i>4/15/16</i> Date	<i>Kevin Perri / President</i> Type or Print Name and Title